

CHICAGO MEDICAL JOURNAL.

VOL. VI.]

NOVEMBER, 1862.

[No. 11.

ORIGINAL COMMUNICATIONS.

INTRODUCTORY ADDRESS

DELIVERED AT THE COMMENCEMENT OF THE SESSION OF 1862-3 OF RUSH MEDICAL COLLEGE,

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Off the coast of "the fast anchored isle" rises from the sea a range of ragged rocks which the tide at its ebb and flow alternately covers and discloses. When the storm rules the ocean, the spectacle presented is of most fearful grandeur. The waves break upon the reef with a power which appals the stoutest-hearted mariner.

It happens that this spot is precisely in the track of England's greatest maritime traffic. For ages it had been the terror of all those who go down to the sea in ships. Wo to those whom the darkness or the storm, or a trifling error in nautical calculations, brought into its neighborhood. Despairing signals hung out from tall masts availed nothing. Melancholy minute guns brought no answer save their own hoarse reverberations. The skeletons of massive men-of-war and peaceful merchantmen, alike lined the distant shore with their ribs of English oak.

Upon the uttermost verge of this dangerous shoal, national enterprise, by and by, planted a light-house. A little while it stood, but the great storms of autumn came and swept it away. It was replaced again, and again, and again, until the hearts of the majority failed them, and the attempt was desisted from. But there came a man who said the project might yet succeed—that all that was needed for success was

to avoid the errors of the past, and adapt the means to ends—to meet power by power, and, where the contest was unequal, to meet it by thoughtful invention such as clear human heads had abundance of. The thing was done, and to-night, as for years upon years, that beacon light has shone out upon the ocean and through the storm, and the great fear has departed, and the navies have sailed secure. Fragile enough looks the structure as it stands against the waves, the foam and the clouds, like an airy phantom, and though there never have been wanting those who have said it shall speedily fall, yet it is fastened to the rock, of material no less imperishable, and whilst generation after generation of noisy men shall come and go, it will still hold on high a sure light which shall guide the sailor in his course as safely as of old time did the pillar of fire the chosen tribes.

Not a hundred years ago and the great question whether men were competent to govern themselves was yet unsolved. The royal Georges and continental despots and diplomats thought not. There were plenty of people who believed that as God had a purpose in everything, and as certain families were good for nothing else, therefore, Q. E. D., they were specially fit for governing. But George Washington, Ben. Franklin, John Adams, John Hancock, Dr. Rush, and sundry others, thought otherwise, and they approved their faith by their works, and for more than three-quarters of a century this nation has shown that some men at least could govern themselves in creditable fashion. When we had fairly begun to believe the problem solved, and that our gubernatorial astronomical system was perfect—along came secession, with its perturbating asteroids, and the swaying of the poles has frightened some of the astronomers of the weaker sort into the belief that our system, after all, is not of the Keplerian and Newtonian kind, but of the effete Ptolemaic shape, and we ourselves not denizens of a mid-day civilization, but twilight Egyptians. Nevertheless, in our firm opinion, it is the vernal and not the autumnal equinox, and the storms accom-

panying it but herald a more glorious summer than the world of nations has yet seen. The Jeff. Davises, and Lees, and Cobbs, and Beauregards; the Yanceys, and Jacksons, and Floyds are nothing but nebulae which telescopic cannon will speedily resolve into their original harmless elements.

This light-house among the nations has been anchored upon a sure rock, and the waves of rebellion, anarchy and usurpation, rage and dash harmlessly at its base.

Stability—the fixed point which our minds continually seek, notwithstanding their roaming, speculative tendency—can never exist save upon the ground-work of Truth. The attractions of material things always tend to a common centre, and the weightiest always moves thereto, whatever its occasional resiliencies and rebounds. So in the realms of science, which is but the appreciation by the human mind of its surroundings; all things seek the common centre—Truth. Now and then, from the time of *Aesculapius* till this day, some men have mistaken the reaction for the attraction; the centrifugal for the centripetal; but steadily and constantly the general mind has been approximating central truth.

When we take this science of Medicine, about which we are just now more especially interested, we find it has precisely the same history with all other things which men think they know. Men's thoughts have been pendulums vibrating to each extreme from central Truth, or they have under the influence of a perpetual tangential force revolved around and around it. Nothing has been more common than for a medical man to be, by the inherent force of his own intellect, prevented from escaping from the influence of central truth, whilst some vile dogma accidentally received has forever kept him in a great orbit at a distance from it. This never has done—this never will do. If you wish to get at the truth of any matter, you must let the mind be free. Its perceptions must be educated and its faculties developed. Its limbs must be unfettered, and no Delilah of dogmatism, or prejudice, or fancy, must be allowed to use her fatal shears upon the locks

of its strength. He who lacks confidence in his art can never be a good artist. No impostor even can thoroughly succeed until he first makes a dupe of himself. The man who believes to the uttermost is most truly powerful in the support of his belief. A doubtful cause, or a positive untruth, thoroughly believed in by its supporters will gain headway and a name among men ; whilst a truth not at all, or only half believed, will limp and stumble in the race. A whole truth, wholly believed, is the "open sesame" to its possessor, and Ali Baba with all his forty thieves are powerless before its utterance.

Now then—not to be too discursive—young Gentlemen, if you wish to succeed in this art of Medicine which you have come up here to inquire after, you must believe in it, and trust in it, and anchor yourself upon it. When we, your temporary teachers, hold up a beacon to you, you must take care that it is an Eddystone light, and not a will-o-the-wisp, or a wrecker's lantern. When we present to you the principles of medicine, we want you to test them as earnestly, as sagaciously, and as cautiously as you would paper money—I would say coin, but the idea in these times would be too far-fetched and ludicrous.

We wish you to believe implicitly what we shall say to you in the ensuing series of lectures ; not because *we* say it, but because it is the solid truth, upon which you can stand and bid defiance to the scarlet women of quackery, and all the regiments of medical delusion with their parti-colored uniforms and caps and bells.

Some things, and the fewer they are the more shall we rejoice, you will have at present to take upon trust with a like generous confidence you extend to Eastern bank notes, or occasionally even Illinois money, but we shall strive generally to give you Treasury notes, drawing not less than 7 3-10 per cent., guaranteed by the Republic of Science. They represent pure gold, but you must recollect that gold is scarce in war time, and the disciple of *Æsculapins* is a sworn soldier for all terrestrial time against ignorance and deceit, pretense and fraud.

Oportet discentem credere—oportet eductum judicare—it is your duty to place confidence in what we tell you, where you have not full possession of the facts which warrant you in coming to a different conclusion from what we do; where you have full possession of these facts, you may judge. Medicine and Surgery are largely made up of the results of experience, which you have not, but where, as in many parts, they are founded on positively developed principles, you have no choice in the matter, you must accept them.

Putting the whole truth in a nut-shell, we may remark that to-day the larger portion of what you have to learn, during the next sixteen weeks, consists of facts as incontrovertible as the Ten Commandments, or—the Constitution of the United States.

You may have heard about disputes among medical men. It is the favorite theme of empirics and satirists. Learn now, if you have not before, that these disputes and differences of opinion do not touch the pith and marrow of the matter. It is a fact of history that the great wars of the world have occurred in consequence of questions of boundary and not with reference to the great central territory. Little things, outside of the great moving springs of commonwealths, have given rise to commotion and all confusion. And it is precisely so in Medicine. The great central territory of Medicine cannot be invaded. Nine-tenths of what we shall have to say to you is of that character that no debate can arise. If you, or any of you, have come here with the conviction that you must, as a matter of form, attend medical lectures to get a diploma, so as to be candidates for reception of official insolence as army surgeons, or poor pay and hard work as private practitioners, and that it is really not a matter of much importance whether you learn anything or not, as the next decade will overthrow the majority of it at the best—I beg of you to disabuse yourselves of the error just as speedily as possible, for I assure you it is a stupendous hallucination.

Here is my friend, the Prof. of Anatomy, who will convince

you that there is positively no question about the sphenoid bone or the circle of Willis ; that the cardiac orifices are not openings for debate ; that the extensors and flexors have quite other relations than to the manual of arms. He will convince you that the arteries are quite positive in their distribution, and that the veins are contrived to take up something else than streams of argument.

The Professor of Chemistry will demonstrate to you that, in his department, you have something else to deal with than gas of the metaphorical sort. That material substances are put together very ingeniously and unmistakably ; that their taking apart involves something more than the wit of an epigrammatist, and that other things besides men and donkeys are "fearfully and wonderfully made." He will show you that the ponderables, whether solid or fluid, have to be mentally digested, and that the imponderables must be duly weighed. It won't do to tell him, by and by, that there is a difference of opinion upon this point, and that really you have not made up your mind.

And then my friend on the right—he who victimizes frogs and dogs, guinea pigs, rabbits, cats, *et id omne genus*, it will never do to say that his branch is very amusing and entertaining, and that on the whole you would pay attention to it, only that you design being a surgeon instead of a *savan*, and a doctor rather than a physiologist. He will prove to you that you can neither be the one nor the other, worth the name, unless you have fathomed not only the mysteries of anatomy—the organs in repose—but also of physiology—those of the organs in action. He will tell you in the lecture room, as he has frequently told me out of it, that every hour of the day in his practice, which all of our citizens know to be immense in extent, he finds that the facts of physiology are sure guides to his judgment ; that they give confidence and power, and that without them he would feel like, what he hates more intensely than most men have capacity—an empiric and quack.

And then **Materia Medica**—he of the bottles and gallipots, the dried specimens and moist abominations, you will be most wretchedly deceived if you fancy that he will let you off without knowing about the armamentaria—where the tools come from, what they are, how to tell the good from the bad, how they individually affect the body in its different conditions of health and disease, when to use and when to avoid. All these things are quite other than speculative, as I believe my learned brother will fully expound to you.

A large part of the practitioner's duty will come under the purview of our friend on the left, who will convince you that the second part of the primeval curse and blessing involves his branch as a necessity, and that ninety-nine hundredths of his teachings are, not only unquestioned but, unquestionable truth. If you fail to apprehend them, and hoard them up in your memory—the time probably will come, even in this life, when, if you have a grain of human pride and sensibility, you will fervently pray for the rocks to fall upon you, and the hills to cover you out of sight.

In the series of lectures upon **Surgery**, **Pathological** and **Operative**, just now, there is especial interest. I do not need to urge it upon your attention—the times urge it upon you. The tide of war leaves wrecks of the human form all along the shores of civil life. But I beg your earnest study here, of those conservative methods which are distinguishing the surgeon of to-day, from him of the books and of past time. I violate none of proprieties of the occasion, when I assure you that in these halls you will be taught principles and methods, in this magnificent branch, brought fully up to the level of the hour.

There has gone abroad among the populace, an impression that a surgeon is emphatically a kind of animal, who lives and moves, and has his being by the knife. Limbs have been improperly sacrificed, and hence there is a tendency to the other extreme so that, instead of limbs, lives are now too often placed in jeopardy. It is trusted that you will hear and com-

prehend, and subsequently put in practice, precepts which shall render you, as surgeons, conservative of *both* lives and limbs. And you will learn that wielding the knife is but a limited portion of the surgeon's duty—and yet sometimes it is an inexorable duty. Some of you perchance think that all you need to know in order to be good surgeons, is, anatomy and certain mechanical methods. I beg your pardon, but it's a deplorable error. You will find that you cannot even be a good surgeon without thorough mastery of the curriculum of medical study. A man may be a good practitioner of medicine, without being skilled in operative surgery; but no man can be a whole surgeon without being a thoroughly educated physician. I do not hesitate to say that the grandest triumphs which crown the surgery of the present time, have been achieved by recognition of this cardinal truth. There is an *eclat* about the exploits of the bold handler of the catgut, saw and scalpel, very attractive to the student, but he must ever recollect that great success is the constant attendant only of great attainments. A guerilla can make a dashing raid, but great victories belong to great generals who make battles not accidents, but assured conquests by scientific forecast. Here and there, it is to be admitted, advances have been made by happy chances, as a traveler in the desert may be saved from starvation by finding a lost bag of biscuit; but as the best way to ward off hunger is by ploughing and planting, sowing and reaping, so the only sure course to success as a surgeon, is by laying broad and deep the strong foundation of general and extensive knowledge.

It is a tradition among medical students, which antedates the memory of the oldest inhabitant, that the occupant of each chair in the medical college is officially bound to magnify his office. And to-morrow you will hear divers observations from my worthy colleagues, which, I doubt not, will give strong color to the suspicion that this tradition is founded upon fact. Each of them will assure you that his particular department is all-important; that "Ichabod" might be written upon the

Aesculapian temple if his particular pillar were torn away. And, believe me, Gentlemen, the statement of each will be, and is, true and undeniable to the uttermost letter. If some modern Samson in his blind rage should apply his brawny shoulders to any one of these great columns, the whole edifice would tumble into indiscriminate ruin. The curriculum of study requires the support of each branch. The Royal Arch of Medical Science demands the support of each one of these as, reciprocally, keystones to the rest.

The time has gone by when a man can be a good practitioner of medicine or surgery, without general knowledge of these different departments.

The world has kept moving since we were boys, and he who stands still falls in the rear, by the inexorable logic of events, as the politicians love to phrase the idea.

It is but a little while ago that physiology, as a science, was born—it is to be regretted that so many have not even yet recognized the advent of this prophet of an entirely new medical dispensation. For this beautiful science, deny it who may, has changed the practice of medicine from foundation to capstone.

Observe now—you cannot understand physiology unless you are generally and minutely acquainted with anatomy—it is sheer nonsense to think otherwise. Wherever a nerve thrills or an artery throbs, you have got to carry the scalpel and the lamp. You cannot run a steam engine even, save in the most hazardous and break-neck fashion, unless you understand its parts. Do you fancy you can play upon “the harp of a thousand strings” as easily as upon a tin trumpet? Some people appear to think so.

And then, when you have mastered anatomy, you can know nothing of physiology until you have the principles and facts of chemistry as familiar as household words. Mark this, for it is meant—earnestly meant. Perhaps some of you will say—Good Heavens! the human system is not a laboratory, nor the stomach a Papin’s digester. Some of you may have read,

in some antediluvian book, that chemistry has nothing to do with the animal body. I pray you get rid of this idle fallacy—it is one of the devices of the great adversary of bodies. You will hear something about the correlation of physical and vital forces. You will hear that the human organism, however much or however little soul it has in it, is made up of material atoms, and all forms and shapes of matter and force operate within and around it, and you can have no idea of what either matter or force may be, unless you cultivate the closest intimacy with the chemist and all his formidable array of retorts, spirit lamps, test tubes, gasometers, electrical apparatus and batteries. Let me assure you, chemistry is everywhere a necessity to the medical man; you might as well undertake to study and practice medicine without eyes or ears, as without anatomy or chemistry.

And here permit me one little word—Prof. Blaney, so long identified with our college, the present session will be absent from us. He is using his varied and extensive professional acquirements in the service of the national government. Some of you will miss his familiar face and genial smile. For “none know him but to love him, none name him but to praise.” Ranking as a man of science second to no other American in his particular department, those of us who know him almost lose sight of his learning when we recall his personal qualities. We half forget the scholar and physician, in the accomplished gentleman and always frank and cordial friend. May all the gods of war and peace preserve him from the perils of the field and camp and hospital; and may Abraham Lincoln & Co. see to it that his patriotic sacrifices may be crowned with something more tangible than glory.

The personal presence of the distinguished gentleman who is to fill the chair of chemistry, in Dr. Blaney’s absence, prevents a word about him. The speaker may merely observe, that having himself attended two full courses of his lectures on this branch, he was particularly anxious, and is thoroughly content, to have our Elijah’s mantle fall exactly where it has.

Thus far, nothing about Pathology, and hence a word must be thrown in. The whole world of medicine, not to speak of "the rest of mankind," assumed for ages that disease was something erratic, eccentric, or anything but an orderly phenomenon. Mythologists made it depend upon the arrow of some capricious god, and speculatists of all sorts, Christian, pagan and infidel, have fancied a multitudinous host of ghastly phantoms clasping each his particular dart ready to launch at poor victims; or again have depicted earth, air and sea full of grim messengers of death, each ready, vampire like, to seize upon specimens of mortality—candidates for immortality. That which was but a figment of poetry or mythology, unfortunately was translated into the terrible prose of common practice. The attempt was to deal with diseases as though entities—enemies to be met with specific weapons—devils to be fought with fire. They were to be tortured out of the body in which they had gained lodgement. Some people thought they would be soonest exorcised, by agents which would produce precisely opposite effects upon the worried organs. Others thought that they were solitary, inharmonious demons, and the way to drive off one was by effecting the lodgement of another. By this shrewd strategic movement, it was believed the original hostile demon would find it a corporeal and spiritual necessity to "change his base." Another set believed, and even now cherish and trumpet the belief, that, like people of the same trade and opinion, the nearer they are alike, the less they can agree; hence if you can get up a disease as near as possible like the original one, and yet not identical with it, the greater the chance of the dislodgement of the devil in possession. This, it is to be confessed, sounds like satire, but these are among the facts of history.

Some men positively believe that heat is life and cold is death; others think that—

"Disease is dirt; all pain the patient feels
Is but the soiling of the vital wheels"—

hence water is the sovereign panacea, and Father Matthew the modern Hippocrates.

Others think that if the patient is sick, it is evidence enough that he is not suitably "Biologized"—if you know what that means, in Heaven's name tell us !

We have not time even to glance at the vagaries which have been indulged, by men in the profession, and men and women out of the profession—we only allude to them to usher in the plain proposition that practical medicine is not a science of mysteries—it has nothing of the mysterious about it. It is a plain common sense affair, in which, perhaps, one man may excel another, precisely as one painter may excel another, not because of any occult virtue in the colors he employs, but because, as Mr. Opie says, he mixes them with *brains*. You will get your colors here; you will mix them with brains yourselves. If you can't do that—God help you !

When old Naaman the Syrian took a long journey to consult the celebrated Hebrew practitioner, he was terribly disappointed because the prophet did not mesmerize the leprous spot—making passes over it and invoking the *Dii Superiores* with potencies of infinite spiritualization,—and plenty of people in these days refuse all credit to medical practice which does not come up to Naaman's notion. The human mind dearly loves a mystery, and is half inclined to think, with Mr. Toots, that what is not mysterious is "of no consequence—none whatever." Dipping in Goose creek or the Chicago River certainly can neither of them be considered cleanly and desirable, but even this may rid some men of worse troubles. But tell a patient to swallow a compound as nauseous, if possible, as either, and he will do it with joy unspeakable.—Fifteen minutes before putting down this identical sentence, I read in the Chicago *Tribune* that Dr. Scovendyke, of the U. S. Hospital service, has discovered an infallible remedy for camp diarrhoea—what think you it is ? Substitution of good food properly cooked, and good regimen for utter recklessness of habit ? O no ! *goose's gizzard*!—or any other fowl. Incidentally, Dr. Scovendyke remarks, that plentiful exhibition of opium and sugar of lead should accompany the gizzard.

O Dr. Scovendyke—Dr. Scovendyke, thou art the representative man—thou hast pluck to uphold the gizzard !

The statistics of English and continental military service show that the health of the soldiery is easily maintained upon a par with that of civil life. The question will recur—is it because the surgeons make constant use of goose's gizzard, or some other natural or supernatural agent ? Or, by the baldest hypothesis, may it not depend upon the better observance of the laws of health and life ? Will goose's gizzard have the effect in old time attributed to horse shoes nailed over the door ? Or is it possible that hygiene has something to do with the matter ?

This thing of goose's gizzard has wider relations than appear on the face of it. Dr. Scovendyke has opened a vein.

Order is not only Heaven's first law, but Earth's first law. Pathology is not an exception. The organs of the body, from the simplest cell up through muscle and gland to brain and spinal cord, act ever in an orderly manner. Change the conditions in which they are placed, and you change their action ; but ever they act in accordance with the law of ORDER. Pathology is but Physiology with changed conditions of action.

Simple as the decalogue, as true as biblical promises. The study of Pathology, then, engrafts upon Physiology simply the study of the new conditions in which the organs are placed.

All of the practice of medicine, as in fact all of the practice of surgery, consists simply in restoring the conditions which Physiology in its widest import points out as necessary to the normal order.

The grand difference between the practice of medicine to-day and that of old time is, that now we seek to restore the conditions of health ; then they sought specifics, panaceas, and Morrison's Pills ;— except now perhaps some of us substitute Chlorate of Potash, Veratrum Viride or goose's gizzard. They used to beat the gongs and blow the bugags to drive away eclipses, with a *post hoc ergo propter hoc* argument

exceedingly favorable to repetition the next occultation. Astronomically that music is "played out," but now and then you will find floating through practice in the medical world a similar waif from antiquity. This is illustrated in what is called "perturbating" treatment. You do not know what to do for a patient, or you have failed heretofore; according to this delectable system you must go to work to make him so much worse, that if he chances to recover from it, he shall believe himself about well from strong contrast. I need not say that in the light of modern physiology and pathology, this is simply—egregious folly.

Men are very much alike, and the influences which operate upon them are very similar, hence the derangements to which they are subjected have strong resemblances. These resemblances occurring often in groups, it is convenient to designate these groups by particular names, but it must be recollectcd that these names are wholly arbitrary—they have no foundation in nature. Take even the most striking groups, those produced apparently by a specific poison, small pox, measles, scarlet fever, etc., etc., and the whole medical world knows, or should know, that the so-called disease is not a uniform phenomenon. Take Typhoid Fever, Pneumonia, Hepatitis, Delirium Tremens, Phthisis, Rheumatism; years ago it was supposed that diagnosing, or naming, these affections was sufficient to indicate the treatment. To-day the veriest tyro knows (or if he does not know, ought to be basted for his ignorance) that the name is by no means a sure index of treatment. The Magnetic needle ought to point due North, but it does not point North ever, and sometimes indeed it points in almost any other direction. But this is not a fair illustration, for the needle is vastly truer to the pole than is the name of a disease to its treatment.

I know this opens a capital loop-hole to idleness. Some men will say there are lions in the way, and will wait till they leave—about as endless a waiting as for the flood of the river to run by. But this will never do. It is easy to say you will

treat diseases upon "general principles;" but what are your "general principles?"

The time has gone by when, compendiously enough, you can bleed and give calomel for what is called "inflammation," a term which, like charity, has covered a multitude of sins. The time has not even come when Veratrum Viride or Tartarized Antimony may be substituted. You have got to mix these things, and many others, with brains, in order to give proper color to your claim to practice medicine. Goose's gizzard won't answer.

You will find that the world has moved away even from much that is in your text books. The most that is in them still stands and will stand forever, but speculations, and dogmas, and fancies, and hypotheses, which yet do too much abound in medical works, grow small by degrees and beautifully less as the years move on. Cullen's "spasm of the extreme vessels" and Cullen's treatment of diseases have in great part passed into the Beulah, the beatitude of practical historical oblivion; but Cullen's descriptions of what he actually saw, are as vivid and truthful now as ever. The "archeus" of Van Helmont has been dethroned, and the "morbid spissitude" of Boerhaave has been dissolved, but the greater part of what these keen observers set down is recorded for all ages.

Opinions, and doctrines and systems fade away, but facts and the laws legitimately induced from them can never be overthrown. You may wrongly interpret the fact and to you it is therefore essentially a falsity, but nevertheless you must recollect that the truth, as such, is wholly independent of your or my reception of it. Truth scarcely needs logic to sustain it; indeed it may be asserted, almost without reservation, that whatever requires fine-spun and long-drawn argument to convince, is a little more likely to be false than true. Good eyes are achromatic, but it is easy to apply to them various mechanisms which shall distort everything around, and cover the most transparent truth with a prismatic halo of falsehood.

A good sound fund of common sense, an article popularly well understood, but which all the metaphysicians have failed satisfactorily to define, is worth in our profession whole acres of that morbid mental constitution so often supposed to be genius. It is a melancholy fact that so-called geniuses in medicine are, ten to one, the worst practitioners extant, and their teachings are about as useful and reliable as the sheet iron thunder of a theatre in a dry season. This very useful commodity, common sense, is worth assiduous cultivation. So far as the practice of medicine is concerned, I can assure you that an investment in that stock will be worth more to you than—the perusal even of Paine's big volumes on the fossiliferous strata of medical bibliography and learning.

But remember that common sense in a head without knowledge, is like the precious jewel in the head of the ugly and venomous toad—it is power without an engine—gold in the pockets of a Selkirk—spurs and a standing collar to the king of all the Mosquitos. Keep what common sense you happen to have by you; get more if you can, and then acquire all stores of knowledge. This your common sense will fashion into enginery and instruments which shall compel the elements to be your servitors.

Do not lose sight and memory of the slightest fact bearing upon the science. At the best you will learn too little. The fact which perhaps now seems trivial to you, by and by, in the chamber of sickness, or of study, may supply the last link in the chain of your discovery—it may prove the sure clue to the labyrinth of disease and its remedy. The little motion of the needle gave a new world to Columbus and mankind. The imprisoned forces of a water drop may explode the mined magazine, bring back life from the grasp of death, may determine a nation's existence or a despot's doom. One little wire laid upon another and then another, and so on, and on, has spanned the abyss of Niagara so that great locomotives and gigantic railway trains sweep over it in perfect safety, though hung at a dizzy altitude in air. A little touch upon a black

grain, not so big as the head of a fairy's bodkin, and a hundred pound ball goes hurtling through the atmosphere, swifter and more destructive than the thunderbolts of fabled Jove.

There is said to be a point in the animal nervous centre where if you insert a needle, a little way only, life vanishes. And thus all knowledge is made up of littles, and he who scorns them can never be truly wise.

The fact is, attention to the little things constitutes the grand distinction between the good and the poor practitioner. A vast number of men can perform surgical operations even of the most capital character, but their success will be the most diverse in degree. One, content with a brilliant use of the knife, which he handles as lightly and daintily as a writing master flourishes the quill, will operate to the admiration of all bystanders, but, while the operator recovers, the patient dies, simply because he does not attend to those little circumstances which determine, first, the propriety of the operation, and, second, by judicious after-treatment secure its success.

The popular mind is dazzled by the off-hand bluff decision of a "heroic" practitioner, who now and then removes disease by a magnificent *coup d'etat*, but the profession have learned, by grim and sad experience, to distrust the architect of great cures. The triumphant Garibaldi of one campaign, speedily is transformed into the defeated, wounded, imprisoned and broken-hearted Garibaldi of the next.

Be assured you can not work miracles, although the apostles of some false god undertake to persuade you that the day for miracles has not yet passed.

You will succeed, if you succeed at all, by patient study and constant accumulation of truths. Not that popular success will wait upon your knowledge—that by no means follows—for popular success is just now more likely to be the meed of the charlatan, the quack and the knave, than that of the true scholar. But the eventual reward is certain. Burglary is sometimes easier than honest toil and the profits more immediate and abundant, but I am not here to advise you to take

that up as a branch of business. The first element of success is that you really deserve it. And the way to deserve it is, not by cramming from a manual, or stuffing for an examination, whereby you may possibly outwit even the Examining Board, but by steady, straightforward gathering up and digesting of solid knowledge.

We are fallen upon strange times. Two years ago and had any one predicted the things which we now see about us, he would have met the fortune of Cassandra at old Troy. None would have believed, and none would have paid the slightest heed.

Two years ago and the medical profession was tolerated. Legislatures and all the powers that were, looked upon us as merely an incidental appendage, and not as a necessity of society. Political charlatans thought to gain ascendancy by fostering the bastard scions of the medical tree. Medical men, relying upon the impregnability of their position, like Major Anderson at Sumter, allowed the hordes of quackery to establish batteries all around them. The fiat had gone out from headquarters—bear and forbear. The laws did not protect us and demagogues attacked us. Pitiful whispsters satirized us; spiritual tables thumped against us; homœopathists annoyed us as the fly did Uncle Toby. The country was full of people; population was a drug, and Malthus was invoked against Hymen. Horses and cattle were considered valuable property, and agriculturists took especial care of them. Men were at a discount; children a misfortune, and women only ornamental.

To-day things are quite different. The country recognizes the value of men. The Lilliputians have sent up squeak after squeak of rage; but the country recognizes and acknowledges its want of medical men,—not shams, not etherealized nonentities, or wooden-headed knaves. Population has ceased to be a drug, and men with sound minds and healthy bodies are admitted to be the sinews of war. Examining Boards, too often the offspring of political adultery, and the creatures of emascu-

lated cliques, have done what they could to prevent fulfillment of the national want, but to-day the medical man stands the peer of the proudest general, and to his skill more than to the boasted strategy of the military schools is success or defeat attributable.

The bayonets and bullets of battle slay infinitely fewer than the vile hygienic arrangements, and unnecessary villainy of the camps. To conduct this war to a successful termination, discreet and sensible physicians are worth more than all the great generals, the military celebrities and geniuses the crisis has yet spawned.

I do not speak loosely or unadvisedly—the statistics are before the world. The great element of success is men, healthy, strong men, and in the dark and gloomy night of war which is upon us, the medical profession, more than any and all others, are the arbiters of the nation's destiny. I throw down the glove to any who dares dispute this primal fact. The surgeon of a regiment has an infinitely more responsible duty than its colonel, and that he should be ranked by the latter, is a paradox which future ages will look upon with unmitigated astonishment and disgust. More medical men, proportionately, than of any other class have fallen victims of the war, and to-day more are willing to assume the perils of the camp and field.

Many of you, I know, are preparing for a part in this great struggle for national existence. We, of the Faculty, will promise you our best efforts to suitably prepare you for this vast responsibility. We ask you to be sincere and earnest and industrious. We shall not deceive you by the idea that we have possession of miraculous amulets against disaster; that we have panaceas, whether Calomel, Veratrum Viride, Chlorate of Potash, or even Quinine and Goose's gizzard to present you with. We shall endeavor to explain to you the physical, and, to some extent, the mental structure of man, and the varying influences which operate upon him. With the first Napoleon we say, "the tools to him who knows how

to handle them." We shall do our best. We only ask that you shall do yours.

We trust that in one thing you may be disappointed—that before the brief session now before us is ended, this deplorable strife may be over; that the curtain may fall upon this fearful drama; not upon the 'shattered fragments of a once glorious but now dissevered Union,' but upon the more magnificent tableau of the great family of States, hand in hand, destined to be "the praise and heroic song of all posterity."

We look for peace—honorable and glorious. But whether it comes sooner or later, you will find that the medical profession will emerge from the conflict crowned with laurels heretofore denied, but honorably won.

There is not one of your present instructors who would not, long before this been in the ranks of the grand army of the Union, if he had not believed that duty required him to take the part of preparing those for the conflict whom the nation needs more than it needs arms or munitions of war.

We have thus a double duty: to prepare you for the gentle and kindly duties of peace, or for the stern and fearful demands of the war.

On our part, we pledge again our best efforts. On yours, we ask but a realization of your duty and responsibility. To whatever of assistance we may afford you in the work now at the door, on behalf of my colleagues and for myself—I bid you cordial WELCOME!

FOREIGN CORRESPONDENCE.

EXTRACTS FROM A LETTER FROM E. L. HOLMES,
M. D., OF CHICAGO.

VIENNA, July 27, 1862.

I have now been in this city nearly six weeks, and have spent several hours daily in the hospital. I am more convinced than ever, that in many respects, Vienna offers the medical student better facilities for the study of clinical medicine, than can

be found in any other city in the world. I express this opinion not only from my own personal experience and observation, but also from the testimony of medical men from nearly every country of Europe and America, whom I have met here and in other German cities. Practitioners who have spent months in London, Paris and Berlin, whose opinion is worthy of respect, have assured me that for the study of general medicine and surgery, they believe Vienna is superior to all other cities of Europe. This superiority consists not in the fact that there are more patients and better instructors in Vienna, but that here everything is arranged especially for the convenience of the student, so that he can attend some clinic at almost any hour of the day, and can also take special instruction in the diagnosis and treatment of the diseases of nearly every organ of the body.

And yet I may here say that American students, who have improved all the advantages offered them in our large cities, and have had the opportunity of spending a year or two in a good hospital, as assistants, need not fear a comparison with the great majority of medical students who are graduated at the European universities. But comparatively few of our students in America have the privilege of residing as assistants in hospitals, or of *spending several hours daily* in the clinical study of disease.

The present general Hospital—Allgemeinenkrankenhaus—was founded in the year 1784 by the Emperor Joseph II. It is situated in one of the municipal divisions of the city, near the glacis or open space which serves as a park for the people of Vienna. Although surrounded on all sides by dwellings, the proximity to this open space and the constant change of air produced by the strong winds which continually blow from the distant mountains render the locality of the hospital quite healthy. The grounds of the hospital, irregular in shape and extending over many acres, are surrounded by a series of two-story buildings. On one street the hospital is more than one thousand feet long, and on another running at right angles to

the first, more than six hundred feet. The other two sides of the grounds are quite irregular. This large enclosure is subdivided into ten large courts, by series of buildings running at right angles with each other. These courts communicate with each other by means of large arches formed through the buildings and are laid out in pleasant walks and greens, and ornamented with good shade trees, shrubbery and fountains, thus affording suitable promenades for convalescent patients. The largest court, into which one enters from the main street under a high archway, contains several acres, ornamented as I have described, and in itself is a proof of the taste and humanity of the founders of the hospital. On the side of this court, opposite to the entrance, is the hospital chapel. On the left hand side is a building containing the offices of the superintendent and his assistants and several wards for patients, in two of which Scoda gives his clinical lectures.

These buildings are almost wholly occupied by patients, certain portions being reserved for residences of visiting surgeons and physicians, their assistants and others employed in the hospital; and also for store rooms for provisions, linen bedding, kitchen, etc.

The hospital is furnished with a good supply of drugs and medicines, which are dispensed by the hospital apothecary.

I have been informed that the present capacity of the hospital is sufficient for two thousand patients, although a much greater number can be accommodated in emergencies. In addition to the patients there are a large number of persons constantly employed in nursing, washing linen and repairing and cleaning the building of the hospital.

The buildings are very simple, plain structures, without any of the so-called modern improvements in the mode of ventilating, heating or supplying water. There are generally no means of ventilating the wards except from the windows on each side. As each ward is usually provided with many windows, the change of air is readily effected, although the beds are placed at a distance of only two feet and a half apart.

Some of the wards in the lower stories, however, are dark, damp, and not well ventilated.

Upon the whole the hospital, with its bedding and clothing for the patients, is kept as clean as usual in such large public institutions. In several points relating to sanitary arrangements the hospital is inferior to the new hospitals of Hamburg, Berlin, Paris and other cities that I have visited.

Back of the hospital is the fine new building in which is the splendid pathological museum of Rokitansky, the dissecting rooms and the "dead house." The dead are left but an hour or two in the wards, when they are removed to a room in this building and placed upon beds, over which are machines connected by a cord with the hands of each corpse. The least movement of the hand connected with this cord moves a spring and rings a bell for the watcher. This precaution is taken to prevent premature interments. I was informed, however, that in no instance had a case been known in which a body supposed to be dead had given evidence of life by means of this contrivance.

The number of patients treated annually in this hospital is about 24,000. As the sick are brought to the hospital they are classified according to their diseases. The student will find wards filled respectively with patients affected with diseases of the eye, skin, chest, with syphilis and surgical and medical diseases. There are wards for lying-in women and for female patients affected with diseases peculiar to their sex. When we consider the number of patients constantly under treatment and the number annually received, we can readily understand what facilities the student may find for the study of every form of disease.

I intended to give an account of the different clinics and of the manner in which medical instruction is given in this hospital, but I must defer it to another time.

Allow me to say that I promised at the close of my last letter to speak of the "clinics," and not of the "churches," of Vienna, as printed.

ON THE DIFFICULTY OF ALWAYS MAKING AN EXACT DIAGNOSIS IN TYPHOID FEVER.

By G. C. PAOLI, M. D., Chicago.

I frankly admit that sometimes it is difficult for us to make a clear diagnosis in Typhoid Fever, though there may be many among us who doubt it, particularly those who have not an opportunity to make a post mortem examination. But when we consider how manifold are the symptoms of this disease, that the skin as well as the inner organs can be affected, and that when these organs are affected in their tissues, other symptoms arise, which are characteristic of another disease; while they are more constant in Typhoid Fever, we see them sometimes less predominant and sometimes wanting. And when we take in consideration the violence with which the disease sometimes appears, it is easily seen that the general symptoms sometimes bewilder us. It is also in this disease that we often find the greatest disproportions between the disease and the pathological changes. Thus we find the most violent cerebral symptoms can be present without any particular pathological change.

As a proof that Typhoid Fever can sometimes be compounded with Phthisis, a single case which I had under my treatment in Chicago will sufficiently illustrate. I will first relate the case, and then endeavor to place the symptoms separate from each other, so as to clearly present the difficulties of the diagnosis.

Louis Brenner, 28 years of age, of phthisical extraction, had suffered in childhood from scrofula, and had occasionally expectorated blood. Four weeks previous to the time I first saw him, he was attacked by fever, with frequent cough, but without any expectoration or dyspnoea. Pain behind os sternum; bowels irregular, rather loose; thirst and no appetite; had

been very debilitated ; had perspired a great deal during the night, and felt chilly during the day.

The 1st of August, when I saw him, he had had a very violent cough, and sometimes vomiting during the attack ; no expectoration ; pulse 106 ; respiration 20 ; skin moist and warm ; a general debility ; no appetite, very thirsty, tongue clean and aphthous. His bowels had had no evacuation in two days. He was very emaciated.

Percussion the left, *regio infraclavicularis* little dull ; auscultation presented nothing else than spread mucous rales. I prescribed Quinine and Expectorants.

August 2d—He slept well ; the cough somewhat milder, no expectoration ; the tongue as the previous day ; the pulse 96 ; auscultation ; the right *regio infraclavicularis* somewhat dull.

August 3d—The cough very frequent and difficult ; the expectoration mucous and tenacious ; pulse 110 ; diarrhoea.

August 4th—The cough and the expectoration the same ; the diarrhoea has increased. I prescribed Dover's Powder, continued with the Quinine. The patient complained of sweating during the whole night.

August 5th—Chill and profuse sweat during the whole night. Pulse 104 ; abdomen painful to the touch ; diarrhoea somewhat less.

August 6th—No sleep. The patient deaf ; the tongue red and clean ; pulse 120 ; diarrhoea ; the skin warm and dry.

August 7th—No sleep ; the deafness rather increased ; the expectoration purulent ; tongue clean and aphthous ; very thirsty and continued night sweat.

August 8th—No sleep ; delirium. The patient remained deaf. The expectoration purulent ; abdomen distended and tender to the touch ; pulse 130 ; debility increased ; auscultation gave no sign of phthisis.

August 9th—Heaviness in the head, accompanied with dizziness ; shaking motion of the hands ; diarrhoea the same ; expectorations thick and purulent.

August 10th—No sleep ; the pulse 128 ; tongue somewhat

covered. On os sacrum I observed echymose. The patient perspired during the night.

11th—In the morning he died.

Post Mortem Examination.—The brain of healthy appearance.

The Lungs.—In the back part of the lower lobes I observed a hypostatic blood infiltration; in the right lung I observed small tubercles which had not the tubercular consistency, but were rather deposits of a peculiar nature. Pericardium natural; the heart somewhat relaxed, otherwise natural; the liver of natural size and consistency; the spleen somewhat larger than ordinary, also more solid and somewhat darker than in the natural state; the mesenteric glands neither hypertrophied, nor infiltration of blood; the stomach, duodenum and the greater part of jejunum healthy. In the lower part of jejunum the typhoid patches began to appear, which were more plainly visible in ileum, near to coecum, where an extended ulceration appeared, and where the transverse muscular fibres were laid open, and in some places these fibres had disappeared and only the peritoneal membrane was visible.

On reading through these *historia morbus*, some perhaps might remark, how could such a case be considered phthisis, when not a few symptoms of typhoid were present?

I do not deny that this case was not with certainty considered Phthisis, because my treatment was that of Typhoid Fever; but, under the same treatment, could not the question arise whether the disease could not as well be considered as an acute Phthisis as Typhoid Fever, and such question I shall in the following try to sift and answer.

To make the question as plain as possible without being tedious, I will go through the symptoms and try to show how the same could be considered for both diseases, or taken singly, more for one than for the other. The facts which spoke for Phthisis were the patient's slender build, (*Habitus tenor*), phthisical dispositions, scrofulous symptoms in his childhood, expectorations of blood with cough for several

years, and then for the last four weeks with fever connected, dry cough with dyspncea. Later, purulent expectorations, with profuse sweating and great emaciation. What argued for the Typhoid Fever were the nervous symptoms and congestion of the brain, namely, deafness, delirium and heaviness in the head, shaking of the hands and the ecchymosis on os sacrum a short time before he died—symptoms which are present in both diseases, namely, the appearance of the tongue, diarrhoea, pain upon pressure on the abdomen, and the loss of strength. In regard to the auscultation and percussion, it is clear that they can not give any certain result, when the tubercles are somewhat equally distributed in both lungs, and if the individual is emaciated then will a clear percussion take place over the whole chest. Auscultation will not either, under these circumstances, give any abnormal sound, because the healthy tissues situated between the tubercles are sufficient to give a natural sound. The more or less mucous rales which, under these circumstances, can be more or less present, depend often on affections of the mucous membrane of bronchia, which often follows upon tuberculous depositions of the lungs.

The pathological state in acute Phthisis is characterized by equal distributions of crude tubercles in both lungs, which sometimes are soft, but scarcely glue together and produce caverns. It is therefore clear that we cannot depend on percussion as a diagnostical sign. I will only mention that there can be no question about chronic Phthisis where caverns and large tuberculous agglomerations give us unmistakable signs.

I will now mention some of the symptoms which are peculiar to both diseases, so as to arrive at a conclusion how it was possible in these precisely to diagnose it Typhoid Fever.

I will commence with the symptoms which depend on a sickly state of the mucous membrane of the lungs :

1st. *Cough*.—This had been very severe, particularly during the night, sometimes to such a degree that it produced vomiting. This cough was very much like that which accompanies

acute Phthisis, and, like it, characterised by its violence. When this accompanies Typhoid Fever the cough is generally very mild.

2. *Expectoration*.—In the commencement this was not present, but later it was first mucous and tenacious, and during the later period purulent. It therefore bore more resemblance to expectoration in Phthisis than Typhoid Fever, where it is more mucous.

3. *Dyspnea*.—This we know is not very severe in Phthisis when the fever is not very high. When I saw the patient the respiration was 20; later 26. The light dyspnoea would rather strengthen the diagnosis for a Phthisis than for a Typhoid Fever.

Signs of an Affection of the Intestines which might occur in both Diseases :

1. *The Clean Tongue*.—This state of the tongue occurs more frequently in Phthisis than in Typhoid Fever, when the tongue is more dry and furred, but when the incrustation loosens it becomes clean, particularly when the disease is of long duration. When I saw the patient the tongue was aphthous, which frequently occurs in Phthisis, but when the nervous symptoms appeared it became dry and furred, which is characteristic of Typhoid Fever.

2. That these symptoms were not conclusive, but spoke more in favor of Phthisis than Typhoid Fever.

Diarrhoea is a symptom of ulceration in both diseases, so that this symptom can not determine the diagnosis, and furthermore, diarrhoea can sometimes cease for a time in both diseases and appear again. We could argue that the diarrhoea in Phthisis generally first appears when the disease is further advanced, but we know that sometimes the deposition of tubercles commences earlier in the intestines than in the lungs, and that a diarrhoea can prove fatal to the patient before auscultations and percussions can diagnose the presence of tubercles of the lungs.

3. Pain which the patient felt by pressure on the abdomen

is a symptom in both diseases. The Phthisical ulcerations, as well as the Typhoid, have mostly their site in the region of the cœcum.

4. Emaciation is well known to be equally great in Typhoid Fever as in Phthisis, because the diarrhoea in both diseases is the cause of the emaciation. Experience has taught us that a patient whose lungs are filled up with tubercles does not emaciate in such a degree as when diarrhoea is present.

5. The nervous symptoms which appeared in the latter stage of the disease is the only sign which strengthened our diagnosis of a Typhoid Fever; still even this could be present in Phthisis, but this is very seldom the case.

6. The sweat, which we know is a constant symptom in Phthisis, but we rarely observe that it continues steadily in Typhoid Fever.

MALINGERING.—No. II.

By TOM. O. EDWARDS, M. D., Chicago.

You were kind enough to print my article on Malingering, and I fulfill my promise to continue the subject. In that communication I referred to increased and diminished size of parts, to the production of tumors by inflating the subcutaneous tissue with air, the simulation of ascites hydrocephalus, dropsies of joints, malformation of joints, curvatures of the spine, wounds, ulcers, superficial inflammations, spasmodic affections, as epilepsy and hysteria and paralytic affections, and endeavored briefly to point out the diagnostic signs between the real and feigned diseases mentioned. There came under the classification of diseases obvious to the senses another class of diseases not obvious to the senses, but dependant upon the description of the impostor. We may divide this class into diseases of exalted or reduced sensibility, of pain, or absence of sensation.

The obscurity which ever has and ever will enshroud the nervous system, render the efforts of the physiologist in his enquiries of the cause of exalted sensibility in pain, extremely obscure and unsatisfactory. Increased sensibility in a part may exist and no visible sign of its presence, hence this symptom is more frequently assumed than any other from the great success and unanimity with which it is practiced. There are many external pains, such as tic dolorenx, the causes of which are obscure, and which leave no visible sign of their existance, and yet no disease is more formidable in suffering or less amenable to treatment. Men have committed suicide rather than endure the torture of a disease, which externally gave no evidence of its presence. Upon the patient's statements we are compelled to rely for information in relation to the seat and violence of such affections, and we cannot be too careful in giving opinions in a disease the only element or phenomenon of which is pain, as gross frauds may be the result of our diagnosis, or patients in real disease may be regarded as feigning. The nature of the pain, the presence or absence of the symptoms of disease with which it is ordinarily associated, the general character and appearance of the patient, and the consistent account given of the case are important items for observation. We should guard opinions in examination of diseases in which pain alone is the cause of complaint, and should rely on time and accident to expose the fraud. Internal pains are mostly assumed, as those on the exterior are regarded as trivial, and a train of phenomena, such as heat, redness or unnatural color, are not unusually attendants on the real suffering. Gout and Rheumatism are favorites with Army Malingers. Neither of these diseases can exist in severity without inducing changes in their locality. Heat, redness, tumefaction or retraction of the parts are characteristic of these diseases. True, there may be slight cause of complaint, and from peculiarity of organization or fretfulness of temper the case may be magnified. We have also pains, severe and long-continued, from scurvy and syphilis, the

seat of which cannot be ascertained. The Maligner will seldom submit to severe agents in these assumed external diseases. He will most commonly ask if nothing milder could be used, and if his request be acquiesced in, he will be better or worse until he is assured severe treatment will be instituted and then he is suddenly cured.

Internal pains selected by one feigning illness will, if properly managed, lead to detection. Thus a patient complains of constant agonizing pain in the head; he has no vertigo, no loss of sleep, fever or delirium; he says he has violent, deep-seated pain in the chest, and neither cough, difficult respiration nor fever be present; pain in the stomach and bowels, and neither impaired digestion nor loss of appetite be present; pain in the kidneys, and there is no retraction of the testicle nor diminution or alteration in the urine. Should any or all these necessary attendants upon these diseases be absent, and only pain be complained of, we have grounds of suspicion which it would be well not to disregard. If these pains are said to be constant and intensely violent, and yet the patient sleeps well and enjoys his food, there is room for doubt. We should avoid the exposure of our suspicions and be careful in our prescriptions. If we desire to place him under the influence of anodynes, they should be administered in food, as the sagacity of the patient may detect the purpose and he will measurably thwart our purpose.

The most astute minds have been imposed upon by the assumption of pain, and long, protracted, fatal suffering has been declared feigned, and the patient deprived of sympathy and kindness. Fodere relates a case in which he mistook real pain for feigned. "I refused (he says) for fifteen years, a certificate of exemption to a young soldier, who complained of violent pains, sometimes in one limb, and sometimes in another, and occasionally in the thorax and pericranium, without any external sign to indicate its existence. He died in the hospital from the effects of the malady—which he always insisted was a species of rheumatism. I examined the body

after the death—viewed all the former seats of disease—but discovered nothing, either in the membranes, muscles, nerves, or viscera, and was hence led to believe that life was destroyed solely by the repetition and duration of these pains." Bitter was his mortification and regret that he had persisted so long in opposing the wishes and depriving the soldier of his discharge, and in the leniency of the remembrance of this case, the following one was presented to him. An artillerist from the Hart de Bonce, was brought to the hospital with a violent pain in his left leg, which was attributed to sleeping on the damp ground. During the space of eight months, a variety of antimonial preparations, together with mercurials and tonics, when indicated, were administered, with local remedies, but without any relief. The leg, from the repeated use of epispastics and cauteries, became thin, and rather shorter than the other, while from the low diet ordered there was a general paleness and lankness of the system. Under these circumstances, Fœdere could not refuse him a certificate as a real invalid. With the aid of his crutches he dragged himself to Versailles, where he obtained the promise of a discharge. He was ordered to return to the fort to await its arrival; but on his way thither, being overjoyed, he was met by his commander, walking without his crutches. On being put into prison, he confessed the fraud. It will require close observation and an intimate acquaintance with real disease to detect those of which pain is the most prominent symptom, as no words can adequately describe the difference. A general set of phenomena must be carefully sought and traced to their origin, such as gesture, expression of countenance, posture, and uniformity of symptoms.

Diseases attended by diminished sensibility are frequently assumed, and sometimes successfully. The most common is Amanrosis, and so successfully can this be assumed, that no possible means, other than careful watching, can detect the fraud. The pupil is dilated; the eye is learned to roll, and a feigned inability to fix the sight upon an object, are the symp-

toms. These are produced by the use of agents that act upon the nerves of the retina, and produce dilatation. *Hyoscyamus*, *Belladonna*, etc., are locally employed in cases of this disease; when recent we may by carefully examining the patient be enabled, by the absence of all gastric derangements and febrile phenomena, to be put upon our guard and by putting a strict watch upon the actions of the patient, time will develope the rest. Fodere recommends the placing of the patient on a precipice, and ordering him forward. If there be real blindness, this procedure would be cruel and fatal, and was exhibited in a case of a recruit who was suspected of assuming blindness, being put on the bank of a river and ordered forward. He went forward and was rescued, but afterward confessed the fraud. *Myopia*, *Amblyopia*, *Nyctalopia*, *Hemaolopia* are all diseases found among Malingers. We detect the *Myopist* feigner by putting on him glasses worn by persons known to be thus afflicted, or by placing a book close to his eyes and observe his efforts at reading.

No diseases are more difficult of successful treatment than those of the ear. Deeply encased within the bony enclosure, we have but limited means of investigating the changes induced by disease, and we are less familiar with diseases of the ear than any other organ. Deafness is therefore frequently assumed, but he who attempts the fraud must either be a bold or a skillful man. Those who are really deaf acquire a peculiar physiognomy and have certain gestures difficult to acquire, and are sometimes detected by a want of preparation for a sudden examination; yet the ingenuity and perseverance of some have put at fault the most skillful examination, and time and artifice have ultimately unmasked the impostor. Fodere, to whom we are indebted for most ingenious means of detecting the various frauds in disease, as well as the use of the most cruel tests, with all his observation, was frequently imposed upon. He examined a deserter alledged to be deaf. Every possible means failed, until Fodere assumed a patronizing air, assured him he should be discharged if he confessed to him

privately. The man's prudence was betrayed, and to the whisper of Fodere confessed the imposture. Another instance of the intentional dropping of a piece of money, attracting the patient's attention, and thus exposing him after various tests, such as firing pistols, or platoons of musketry, without the least affecting him. A constant watch should be set upon the actions of the suspected person, and matters calculated to excite or alarm his fears should be introduced in conversation. Put your hand upon his pulse, detail some bad news or terrible disaster, or threaten punishment, and you will generally perceive its increased action. Call them suddenly by name, fire a pistol closely to the ear, rouse them from sleep, or put them under the influence of ether, and on awaking the sense of hearing may be aroused and the will not enabled to control it. A very good way to test the truth or falsehood of a case occurred in a neighboring city a few years since. A man presented himself and by signs requested alms. The physician suspecting fraud, motioned him to sit down, and placing a note in his son's hand, told him to pretend to get that changed, but in reality to find a police officer, as this man's description answered well that of a man accused of having committed murder the night before, and he would have him arrested. The boy had scarcely left before the beggar hastily departed.

To assume to be deaf and dumb requires extraordinary skill, yet our books are full of cases resisting the most rigid and persistent examination. The means used to detect the imposition of deafness may be successfully employed in such cases as firing a pistol, or communicating startling or threatening information when examining the pulse. The double infliction is seldom present unless it be congenital, as the powers of articulation are never lost unless there be some cause appreciable to medical enquiry. Indeed it is a question whether the entire absence of the tongue is a sufficient cause for muteness, as cases are recorded of persons articulating without the tongue. In these instances the muscles belonging

to the tongue probably were not deficient. As a general rule it may be stated that if a person not deaf can move his tongue he is not dumb, as nothing short of complete paralysis can account for his being dumb. Three cases are recorded of the entire loss of tongue, yet articulation was distinct—a Portuguese girl, a boy having lost his tongue by gangrene, and an American girl—the history of each interesting and instructive. Also the history of Victor Fay, detected by Fodere, is one of the most successful and persistent cases of assumed muteness on record. He persisted two years; deceived the most scientific men in three countries, and finally was detected by mutes in a school designed for their special education. Those possessing Fodere's work will find in this case abundant food for reflection, and will be guarded in hasty prognosis.

We are frequently consulted by parents in relation to children at certain ages not talking, and our utmost skill and character are sometimes necessary to quiet apprehensions, or prevent the charlatans receiving credit for that which medical acumen and time will avert. A professor in a neighboring city lost the confidence of a family by not appreciating the fears and apparently sympathizing with them, or not sufficiently informing them, in the case of a child unable to articulate. She was five years old and had not spoken; heard very well; was sprightly and intelligent, but labored under chorea, and as a consequence the general health of the child was impaired. The professor prescribed a general routine, gave but little information as to the origin of the defection, and was superseded by a specialist, a publishing ear doctor, who carefully examined the case, observed the free motions of the tongue, prescribed a change of air, generous diet and preparations of Iron, with the certain promise of the speedy acquisition of the power of language. The case terminated favorably, and a flaming certificate brought many patients to the *skillful aurist*.

Diseases consisting of whole groups of symptoms are sometimes feigned. A disease to which all are subject and which probably destroys primarily or consecutively more lives than

others, is fever, which can be most fully counterfeited. The frequency of the pulse, chattering of the teeth and hot skin, may all be induced for effect. The use of strong stimulants, as brandy, gin or cantharides, also the introduction of capsicum, garlic or cloves into the rectum will produce a glow of skin simulating fever. The brown tongue of Typhoid Fever is readily produced by Ext. Liquorice or coffee browned. I saw a family thrown into the greatest distress by a favorite son having been brought home frightfully excited, with violent vomiting and dilated pupils. The head was hot and between the paroxysms of vomiting; the skin was intensely hot; pulse irregular, sometimes frequent, then slow; articulation indistinct. Cold was applied to the head and sponging to the body during the excitement, and after that stage had passed warm brandy toddy restored strength and consciousness. The boy had made his first assay on manhood that day, by trying to learn to chew tobacco and had inadvertently swallowed the juice. These symptoms were indicative of a severe paroxysm of fever, violently implicating the brain and stomach. Violent exercise with friction may excite the warmth and redness of the skin, and these present with a colored tongue, all the phenomena of fever. A few hours watching, if any doubts exist, will remove the obscurity, as the symptoms in these cases rapidly subside. A profoundly intoxicated man would embarrass a physician who failed to smell the breath of the patient, and not a few are the mistakes of casual observers, and severe animadversions have been passed on opinions of the existence of disease where intoxication only was present. I remember a mistake of this kind which not only influenced public opinion detrimentally to the doctor, but did more to overthrow opinions of the whole class of the Thompsonian fraternity in Maryland. As other popular illusions it had overcome the bounds raised by law for the protection of life, and all men were allowed the privilege of practicing and charging, by repeal of laws existing from the origin of the State. A shoemaker in Washington county bought a patent

and forgetting the maxim, *ne sutor*, etc., had so imposed on popular credulity as to have at one time the largest practice in three of the most populous counties. To test the doctor's skill (whose pretensions were the ridicule of all sensible men, and, unhappily, there as here they are not over numerous,) a profoundly intoxicated man was placed in bed by a party and the doctor suddenly summoned, and informed that from an upset from a sleigh the patient had been thrown on a curb stone and it was feared a fractured skull had resulted. The doctor carefully examined the case and very oracularly stated, "that the brain were not hurt, but that the patient would certainly die, and it was his wish that the body should be examined by the Calomel doctors, as one thing was plain—that a *Gut are broke*." Unfortunately for the doctor, a few hours sound sleep restored the patient, and the jest was too good for silence. No other argument was used in reply to the skill and success of the doctor than the ominous words that a "gut are broke," and in a much shorter time than had sufficed to give him the reputation and practice he had acquired, he disposed of his fine horses and is now engaged in his legitimate business.

As coma from fever or injuries of the brain and spine, differs in some respects from that induced by alcohol, the nose affords the best diagnosis. Also from disease resulting from the use of tobacco, in which coma exists, we have the fætor of the breath to direct our enquiries.

Agues are feigned, i. e. the chill part. If no fever follows, we may be assured, after frequent repetition, that this is assumed. A gentleman of my acquaintance had a negro boy whose services were valuable, and who had a recurrence of fits of ague for several weeks. Three or four days nursing and treatment would check the paroxysms; but a return was constant, and the physician finding the health of the boy not impaired, by their frequent recurrence, gave him Tinct. Ant. and Jalap. The boy returned at the usual period, and when about to receive the unpleasant compound, drew the handkerchief

from his head and thought he was better, and as he could not get a seidlitz powder, declined taking anything, and did not return. As before observed, those who feign sickness are averse to active or unpleasant treatment. A mixture in the Eastern hospitals, called, for want of an official name, *Mistura Diabolica*, has performed most miraculous cures. It is composed of Assafctida, Glauber's Salts and Aloes, and is given in very small doses, frequently repeated, so as constantly to impress the mouth with its nauseousness.

The diseases of the chest are more readily diagnosed, although formerly pneumonia was in the army, and now is, frequently assumed. It is unnecessary to put any educated physician on his guard in this disease, as his stethoscope will detect the malinger; but by wounding the throat, hæmoptysis may be induced or pretended; mucous expectoration by constant hawking and coughing may also be produced; emaciation by abstinence or drinking acids, or by constantly sucking a copper coin may impair the tone of the stomach and thus induce disease. This is not uncommon in the army, and is traced to foreign importation.

The diseases of the abdominal cavity are assumed, and dyspepsia is the form. Care and watching can detect the fraud, as gastralgia, pyrosis and vomiting can be produced at will. Inflammation of the stomach is also assumed. The absence of the red papilla on the tongue and the long intermissions in vomiting are grounds of suspicion. Peritonitis and Hepatitis were much feigned in the British army in East India stations, and many discharges were granted soldiers for these diseases. After a time the urine was found colored with rhubarb; clay stools induced by muriatic acid; but the colored eye and skin, together with the listlessness and mental depression consequent upon this disease being absent, the surgeons suspected fraud, and the mixture *Diabolica* performed most remarkable cures, and was more successful than Mercury. Nephritis is sometimes assumed. This is not difficult in the male to detect, as the retraction of the testicle is the guide.

In the army, after severe attacks of Nephritis, the patients bring calculi alleged to have passed the urinary passage—found on analysis to be pebble, brick-bat or glass. In conclusion, as a general rule we would not be justified in treating disease assumed to be feigned differently from the real. Low diet, strict confinement to bed and nauseous medicines may be the effectual plan and will generally succeed. It is but fair to malinger ourselves and to lead the patients by questions into incongruous and incompatible answers, to detect by a fraud that which cunning and artifice had formed for our disgrace and their benefit. The impostor is ever averse to taking medicines, careful watching, visits at unusual and unexpected hours. This proceeding detected one case of five month's deception.

The absence of motive for assuming disease is not conclusive that it is real. Some from desire for sympathy of friends and others from no explicable cause than moral insanity, assume to be ill; yet it is well at all times to endeavor to obtain the motive, as this may be a clue to the whole disease. The previous history of the patient and in the army the opinions of his comrades may serve to enlighten. In some cases, however, previous moral character will not be altogether reliable, as men of most unexceptional conduct have imposed on Army Surgeons. Searching the beds and pockets will sometimes reveal the irritating substance that produces an obstinate ulcer; and if an accomplice is suspected, perfect isolation will reveal all you want—the cause and the cure; and a thorough chemical test or microscopic examination of foreign matter alleged to be discharged, should be made.

I have thrown these thoughts and compilations together with the hope some aid may thereby be given to a class of over-worked and neglected men now in our army, who are subjected to more imposition and mortification, more expected from them, and less remuneration, than any other human being. I mean Army Surgeons; and will have succeeded if I have aided even *one* in his responsible and heavy duties.

SELECTED.

**CAUSES OF FAILURE IN THE TREATMENT OF
THE UTERINE ULCER.**

By ROBERT ELLIS, ESQ.,

Obstetric Surgeon to the Chelsea and Belgrave Dispensary.

A considerable acquaintance with the treatment of the uterine ulcer has forced upon me the conviction that, notwithstanding all that has been done in the elucidation of this disease (or rather class of diseases), the subject is still very imperfectly understood. However unlikely this may appear, the statement admits of sufficient corroboration, and may be supported by abundant testimony. The articles which have already appeared in *The Lancet* on the varieties of the uterine ulcer were in a special manner intended by me to set this subject in a practical light, and to show the advantages of careful diagnosis as conducive to success in treatment. Because of the failures of others, and out of an inquiry into the causes of my own, those articles were prepared, and the importance of a strictly discriminative treatment was sought to be enforced. As a practical summary of the proper treatment of this or any other disease may be gathered from an investigation into the causes of a frequent ill-success, I venture to append the present to the former papers, and it is not improbable it may be found to be the most useful of the number. I will first show, by one out of many cases which have come under my notice, that there is a need for this investigation, and then enumerate the commoner causes of unsuccessful treatment.

Mrs. C. L——, aged thirty, married nine years, applied for advice under the following circumstances. She had been for three years under the care of a physician for uterine disease, and in the course of that time had been cauterized with nitrate of silver upwards of *one hundred times*. At the expiration of this period, thinking her case desperate, and having been told by her attendant that she still remained uncured, she submitted her case to me. She complained of great weakness, pain in the back, bearing down, and constant brownish discharge. She had experienced one or two bad confinements and one or two miscarriages with great hemorrhage. She was pale and

worn in expression of countenance, and dejected as to her future prospects of health. Examination disclosed a large ulcer, of the character I have designated "fungons"—an ulcer, on an atheromatous basis, occupying both lips of the cervix uteri, and reaching high up the canal. What effect the large number of cauterizations she endured might have had on this ulcer I could not perceive. Possibly it might have been large formerly; but I think more probably it was a little if at all altered by the applications made to it. It had been treated by means of a small cylindrical glass speculum, and so mildly that on no single occasion was pain ever experienced by the patient. The cause of failure in this case in all probability lay, first in the imperfect diagnosis of the character of the ulcer, and secondly in the most inefficient and imperfect means adopted for its treatment. It was a pleasure to tell this suffering lady that in a few weeks the whole mischief would be removed and her disease cured.* It might not be easy to find a more conspicuous example of failure in treatment than that here presented, but it is by no means difficult to adduce many similar instances. Cases are constantly coming under notice which in many of their features present the parallel of this.

The principal causes of failure in treatment may be found under the following heads:

1st. *Errors of Diagnosis*.—I believe this to be one of the most constant reasons for the ill success and the slow progress of treatment in numbers of cases presented to our consideration. I have known the malignant ulcer—true cancer of the cervix—mistaken for the simple sore, and treated with escharotics, to the sad detriment of the patient. The simple ulcer has also frequently been mistaken for the cancerous, and the sufferers left unaided to struggle with a painful and depressing yet an easy curable disease. The "indolent" ulcer has been treated as the "inflamed," and the patient put to bed for five or six weeks, during which she has been repeatedly leeched. The "diphtheritic" ulcer is not so easily to be mistaken; yet it is liable to be, and has been, confounded with the "inflamed;" and it is a serious mistake for the patient if it be treated with some kinds of escharotics. The "fungons" ulcer may also (as in the case already quoted) be so trifled with—as if it were

* One or two resolute applications of the stronger caustics, followed by a thorough penetration of the canal by the lunar caustic, have verified this statement, and the patient is at this present writing nearly well.

a simple and easily curable sore—as to baffle the surgeon and wear out the patient. Of the importance of a right diagnosis in syphilitic ulcer of the cervix—a disease happily very rare—it is unnecessary to speak. There is little real difficulty in coming to a correct diagnosis as to these various forms of uterine ulcer; and if the reader will refer back to the five articles preceding this, and examine the characteristic evidence of each phase of the legitimate reward of care in diagnosis, it may be hoped that the cause of failure now treated of will be diminished in frequency as these diseases are more carefully investigated.

2nd. *Errors of Treatment.*—Of this, probably, all surgeons must be found more or less guilty. Since the instrumental treatment of uterine ulceration is of the present day, we could not but suffer for a time from the want of previous experience and a sound basis of knowledge. But these errors are no longer justifiable; and, the differing forms of uterine disease being well understood, true principles of cure may be laid down. The application of leeches to a fungous, diphtheritic, senile, indolent, malignant, or specific ulcer, is a mistake which no one ought to make—yet it is frequently made. On the other hand, the administration of wine or high-class tonics—quinine, iron, and strychnia—is a not less serious mistake, if we are treating the inflamed ulcer. The selection of an inappropriate escharotic is also an error of no little moment—the nitrate of silver to the senile, diphtheritic or malignant ulcer. In some of these cases but little harm may be done: but in nearly all, little or no good will ensue; and in one or two, positive mischief may be the result. A reliance on injections for the cure of any form of uterine ulcer is a most common and therefore a very serious error in treatment. The wife of an officer in the army has just applied to me, who for two years had strong injections of alum and sulphate of zinc administered to her daily, for an indolent ulcer of the cervix, and it has continued unaltered in spite of this treatment;—it is probably worse than it was. I have observed therefore with great regret the introduction of the system of frequent irrigation as a means of cure in these diseases. Disappointment will certainly follow a dependence on such means.

3rd. *Inefficiency of the Means Employed.*—It might seem impossible to look at the inflamed, hypertrophied, ulcerated, pussecreting structures of the diseased uterine cervix, without at the same time being impressed with the fact that no trivial agent would suffice to effect its restoration to a healthy state.

Elsewhere in the human body such an ulcer would be pretty sure to receive the firm and uncompromising attention of the surgeon. It is certainly a disease not to be cured—not, at least, soundly cured—by any agents the action of which is merely superficial. What is required is, to substitute healthy for diseased action ; and the most rapid method of doing this is cauterization by the stronger escharotics. Even in the use of these a distinction is to be drawn. Potassa fusa is applicable for the melting down of a stony hypertrophy. The acid nitrate of mercury has a caustic and also an alterative action, and is applicable to certain states of the inflamed ulcer. The strong nitric acid, saturated with nitrate of silver, is fit for the treatment of the fungous ulcer, being both a powerful escharotic and an astringent. For milder cases, the nitrate of silver, very firmly applied, and allowed to lie for some seconds on the part affected, is useful. These agents have a real power over the cure of these diseases, by the side of which a medicated injection counts for but little. Yet there may be an inefficient use even of these means, powerful though they are. Neglect to remove the ropy discharges will go far to neutralize the action of any one of them—and there is no neglect more common. Neglect of applying the escharotic sufficiently high up the canal is a most frequent cause of failure. Several cases have occurred to me in which the failure of cure has its origin solely in this neglect, the disease apparently lurking high in the canal, and creeping down after the lapse of a certain time. The constant danger of fracture in using the cylinder of nitrate of silver has often led to its very inefficient employment. To obviate this I have for many years made use of an instrument in which I have passed a platinum pin, through a hollow cylinder of the caustic, and thus rendered it impossible to be broken off.[†] It is thus possible, were it to be desired, to pass the stick of caustic beyond the os internum, and to ensure its safe return. A too frequent cauterization is also a frequent cause of failure coming under this category, and it is particularly observable in obstetric practice at public institutions, at which the attendance of the patients is not so systematic as in private practice. The result is very frequently that the cure is always commencing and never progressing. But, in the long run, the only evil arising out of this is the great prolongation of the time of cure. A most important and common cause of inefficient treatment is to be found in

[†] This instrument has been well made for me by Mr. Coxer.

the use of imperfect instruments. Of the caustic-holder I have already spoken. The right form of speculum is not of less moment. I believe the failure of treatment in the case placed at the commencement of this article to be in the main traceable to the use of a cylindrical speculum exclusively. The only purpose for which this form of speculum is valuable is in the application of the fluid escharotics, which, but for its protection, are apt to run down and do mischief. It cannot be too strongly insisted upon, that a speculum, to be of real use, must be capable of opening out the lips of the cervix, as by this means alone can the canal be thoroughly cauterized.

4. *Neglect of accessory means* constitutes another very common cause of failure. Particularly, would I refer to the neglect of daily injections. The instruments formerly universally recommended for this purpose to sufferers from uterine disease, and still in very general use, are amongst the most barbarous and inefficient that can be conceived. The glass female syringe I have extracted in jagged fragments from the person of one of my patients who had recourse to it, and had broken it in the canal. The syringe of Gooch, and all others similar to it, are loathsome, and as likely to do harm as good. The clean and elegant instrument known as the uterine douche fulfils every purpose for injection, and a steady use of it (in the unimpregnated state) is a powerful aid to the cure of uterine disease. A due attention to the laws of hygiene is not less important; and, most of all, the securing an effectual state of rest—mechanical and, as far as may be, of physiological rest also. With regard to the use of medicines, it is just possible that here a little neglect may be really wholesome, for the patient has too often been put through all the formulae, and is weary of taking medicine in vain. The state of the bowels, and of the digestive functions, may not, however, be disregarded. It is, of course, perfectly probable that, notwithstanding all neglect of accessories, the patient will still be cured, if she be well managed in other respects. But this is to be remembered—that her cure will be longer, will be more painful, and is less safe than under a more perfect system.

5. *Imperfect cure* of the ulcer is a constant source of failure to the obstetric surgeon. After a few cauterizations the sore takes on such an improved look that he may think further attention unnecessary. The patient derives a certain amount of temporary good, and is satisfied; but the lapse of a year, often of less, will test the soundness of his work, and he will

find to his annoyance that the whole malady has to be treated over again. The condition of the structure below the ulcer was overlooked in his estimate of the cure, and as the cauterization was not deep enough to modify that, the disease returned. Much pains, patience and time are really indispensable to the solid cure of the disease; and it is only a loss of all if the surgeon hurry his case to a premature close. It must also not be forgotten that the ulcer may be lurking high in the cervical canal, and amongst the folds of the arbor vitæ. A thorough cure will generally be a permanent cure.

The following table may prove useful as an appendage to this article, and exhibits the varieties of the ulcers of the cervix uteri in their order of frequency, with their diagnostic characters and appropriate treatment:

VARIETIES.	CHARACTERS.	TREATMENT.
1. <i>Indolent Ulcer.</i>	Cervix hypertrophied, of a pale pink and hard. Os patulous to a small extent. Ulcer of a rose-red. Granulations large, flat, insensitive, and the edge of the ulcer sharply defined. Discharge: mucous, with a little pus, and occasionally a drop of blood.	For a few times the caustic pencil. Afterwards, several applications of solution of nitrate of silver in strongest nitric acid.
2. <i>Inflamed Ulcer.</i>	Cervix tender, hard, a little hypertrophied, hot and red. Vagina hot and tender. Ulcer of a vivid red. Granulations small and bleeding. A vivid red border around the ulcer. Discharge: a muco-pus, yellow and viscid, with frequently a drop of bright blood entangled in it.	Occasional leeching; hip-bath (warm); emollient injections. Then acid nitrate of mercury several times, succeeded by the solid lunar caustic potassa fusa or cum calce.
3. <i>Fungous Ulcer.</i>	Cervix soft, spongy to the touch. Os wide open, so as to admit the finger. Ulcer large, pale, studded with large and friable granulations. Discharge: a glairy, brownish mucus, frequently deep tinged with blood.	At first the caustic pencil. Subsequently nit. acid solution of nitrate of silver, or acid nitrate of mercury; electric or actual cautery.
4. <i>Senile Ulcer.</i>	Cervix small, red, a little hard. Ulcer small, extremely sensitive, of a bright red color. Granulations very small, extremely sensitive, of a bright red color. Discharge: a thin muco-pus.	Potassa fusa, or strong nitric acid with nitrate of silver, once or twice, at long intervals. Then, solid sulphate of copper in a pencil.
5. <i>Diphtheritic Ulcer.</i>	Cervix of ordinary size: a little hot, dry, and tender. Ulcer covered with patches with a white membrane, adhering closely; irritable, and readily bleeding beneath. Discharge: a thin, acrid mucus without pus, but occasionally tinged with blood.	At first electric cautery, potassa cum calce, or acid nitrate of mercury, two or three times, at long intervals. No nitrate of silver. Subsequently, stimulant applications—tincture of iodine or sulphate of copper.

I may be allowed in conclusion, to express my conviction that the more carefully these varieties of the uterine ulcer are studied, the greater will be found the practical value of their diagnosis, and the fewer of the instances of failure in their treatment.—*London Lancet.*

THE TURKISH BATH IN THE TREATMENT OF INSANITY.—Dr. Power, resident physician of the Cork Lunatic Asylum, in a speech delivered on the occasion of the presentation of an address and testimonial to Dr. Bartes, on April 23, 1862, recommended in highly enlogistic terms a trial of the Turkish bath in the treatment of the insane. Speaking of his own experience of its effects he said: “Of course, out of more than 500 patients in the Institution all were not expected to recover, nor were they all under treatment for the purpose; but the best way of showing the effects of the bath would be by statistics. It was only fair to conclude that if the proportion of cures had been greater since the introduction of the Turkish bath than before it, this bath must have had some influence in producing that desirable result. I see by my notes that for the year ending March, 1861, the cures were 59 per cent.; but for the nine months ending 31st December last, during which period the bath has been in use, the percentage of cures was 76—that is, 74 had been cured out of 96 entered. That was more than double the number of cures produced in any asylum in England. The patients, after the first few baths, all seemed to be much pleased with it, and were always longing for the time when it was to be administered. Those who had suffered a relapse, after being sent out cured, showed no unwillingness to return to the Asylum; and even asked to be taken there at once, in order that they might get the bath, as they considered that nothing else would cure them. I have never seen any ill effects from the bath, except a little nausea and a slight fainting in a few instances, but after a bath or two those effects disappeared. Up to that time I have used it on more than 900 cases, and since March, 1861, 30 idiotic patients have been removed to a higher class, and rendered capable of enjoyment and of doing work about the establishment. I would recommend the introduction of the Turkish bath into all public Institutions, and I am firmly convinced that it has as beneficial an influence on the system as air and exercise.”—*Medical Times and Gazette.*

ON REPRODUCTION OF TENDONS

WHOSE DIVIDED ENDS HAVE SEPARATED OVER FOUR INCHES.

By DR. COOPER.

The curious and very interesting process of reproduction of tendons whose divided extremities have separated several inches, is just beginning to be watched by members of the medical profession with peculiar interest. In times gone by, two inches was fixed upon as the maximum distance in which a separation of the ends of a divided tendon could take place and reproduction occur. Now we regard the matter differently, and boldly cut through contracted tissue, whether it be tendon, ligament or muscle, and restore the deformed part to its proper position, even if the margins of the wound separate five or six inches, having the utmost confidence in the reparation of the proper tissues, whenever the patient's system is in a condition favorable to recovery from any wound whatever.

But in order to secure the reproduction of the same substance to fill the space previously occupied by tendon, it is necessary that the process of granulation be established. Thus, in dividing the tendon of Achilles, if the contraction of the parts were so great as to cause a separation of the divided ends three or four inches, it would not do to resort to the subcutaneous section, and afterwards apply a bandage around the limb, by which the surfaces covering the space occupied by the tendon are pressed together, because an early union would take place, and thereby prevent the reproduction of tendon. It is necessary, in that case, to cut down through the skin to as great an extent as the ends of the divided tendon are disposed to separate, and, after the operation, fill the space thus made with lint, so that it must heal throughout by granulation. This is the only method upon which perfect reliance can be placed for the reproduction of tendinous substance in the place where it has been removed to any considerable extent. By this method, the old rule of never permitting the ends of a divided tendon to separate from each other more than two inches, becomes, as it should be, obsolete.

When this is the case, and surgeons, throughout the world, no longer regard the admission of atmosphere into the tissues of the extremities as a sort of danger, orthopaedic surgery will make advances never before known or dreamed of.

The question will be, in the progress of surgery, when operating for deformities of the hands or feet—What blood-vessels and nerves, likely to be involved in the operation upon the tissues, must be divided to a sufficient extent to admit of an easy removal of the deformity?

To be more definite, surgeons, when operating for talipes varus, in cases where there is extensive true fibrous degeneration, involving a great amount of tissue, will not hesitate to cut down into the anterior part of the sole of the foot, when the plantar arterial branches have become small, and divide the entire tissues, if requisite, to the bony structure, even if it should become necessary to invade some of the metatarsophalangial joints, or of the tarso-metatarsal articulations. In the latter operation, it may become necessary, in some instances, to ligate the internal plantar artery, but, if so, it will be no particular impediment to the success of the operation.

Our mode of operating for clubfoot is, to divide a sufficient amount of contracted tissue to insure a removal of the deformity, let that be great or small. We have frequently cut down through the sole of the foot, directly to the bony structure, in cases of clubfoot, and invariably with the best of results. Under ten years old, no case of clubfoot is incurable, if the surgeon's practice be guided by the above principles.

We wish this statement to be taken as absolute, because no case of clubfoot, in early life, is beyond the reach of surgery. Of course, we do not wish to be understood to say, that a feeble state of health may not prevent success in these cases, because that may be a barrier to the success of any treatment, and in any kind of case. But we mean to say, that, ordinarily, cases of clubfoot are curable, without the least regard to the extent of deformity, and though we occasionally failed, in former times, in consequence of being guided, more or less, by the old rules of surgical writers, we have never done so on this coast, and do not expect to do so, unless unavoidably interrupted in the process of treatment.

Many persons may be inclined to the opinion that this extensive section of contracted tissue is an unnecessarily severe operation. To this we answer, *first*, that success and safety will vindicate any operation, and, *second*, that it is a very mild method, compared with the torturing plan of curing the deformity by the application of tightly fitting apparatus. The latter keeps the patient in pain for weeks, or even months, whereas the former only for a few moments, when the painful period is over forever.—*San Francisco Medical Press.*

SMALL POX.

Just at this moment, when the characters and relations of ovine variola are affording the material for much speculation and thought, it will be particularly interesting to our readers to lay before them the subjoined documents recently submitted to us respecting the early history of vaccination as practiced by Jenner, and its relation to the variolous disease in animals.

The first is a narrative forwarded to us by Mr. Thomas Watts, of Frampton-on-Severn, Gloucestershire, and extracted from the manuscripts of his grandfather, Mr. John Webb, of Wick, Gloucestershire, dated September, 1799. It affords an additional evidence of the knowledge of the protective power of the cow-pox existing amongst the farming people of that valley before Jenner, of Berkeley, made it known to the world, and worked out the great results with which all are familiar.

I.—NARRATIVE OF MR. JOHN WEBB.

" Some time in the month of May, 1792, having twenty-four children collected together at a house in Doynton for the purpose of being inoculated, and a Betty Bowman, then aged eighty, accidentally coming in, she was asked by another woman present whether she had ever had the small-pox ; to which E. B. replied in the negative, asserting, with a considerable degree of confidence, that she was certain she never should, having in her younger days caught the cow-pox from a cow that was infected by a man in the small-pox. Such an opinion naturally induced me to desire from her a more particular account of the circumstance, when I was informed that when she was twenty-three or twenty-four years old she lived in the service of a farmer, on whose estate, at a distance from the farm-house or any other habitation, there was a small cottage, together with some cowsheds ; that the cottage was let to a (probably one of his laborers), who dying in the small-pox betwixt Michaelmas and Christmas, the bed and bed-mat on which he had lain were thrown out into the sheds ; that a cow belonging to their dairy, being, as she termed very chilly, frequently went into the cowshed, and had been observed to lie down on or near the bed and mat ; that shortly after the same

cow was seized with the cow-pox, and the whole dairy, consisting of nine cows, sickened one after the other, till at length the milk was so bad that it could not be used, and of course the cows were suffered to go dry, till which time she constantly assisted in milking them; that soon after she was seized with rigors and pain in her limbs, had a tumour form in the right leg and axilla, and that three pustules appeared on the hand near the thumb, from which there was a discharge for some time (she believed about nine days); that (as before mentioned) she neither prior nor subsequent to that period had the small-pox, though she had frequently visited persons ill in it, and once in particular lay on a bed on which a person had died in that disease, the bedclothes only being changed. She likewise observed, that two or three persons who had had the small-pox were frequently among the cows, but received no infection. She likewise informed me, that she knew a Mary Hathaway, who milked infected cows at one time, and was not infected by them, but that at another time she was; that she likewise never had the small-pox prior or subsequent to that period, though she resided several years in Bristol."

The second is an interesting record relating to Mr. Benjamin Jesty, described as having been the first known person who introduced cow-pox by inoculation, at a date twenty-two years prior to Jenner's first experiment. For this narrative we are indebted to Mr. Alfred Haviland, Surgeon to the Bridgwater Infirmary :

II.—THE PROTO-MARTYR TO VACCINATION.

" As a matter of medical history, I send you the following facts, which may prove interesting to your readers.

" At the Rose and Crown Inn, Nether Stoway, co. Somerset, my attention was drawn, on the 21st of May last, to a photograph taken from a larger portrait of a good specimen of the fine old English yeoman, dressed in knee breeches, extensive double-breasted waist coat, and no small amount of broadcloth. He was represented sitting in an easy chair, under the shelter of some wide-spreading tree, with his stick and broad-brimmed hat in his left hand; his ample frame was surmounted by a remarkably good head, with a countenance which at once betokened firmness and superior intelligence.

" I have been thus particular in describing the portrait, for I am not quite certain whether the photograph was taken from a drawing, an engraving, or an oil-painting; if, however, the source was an engraving, in all probability there are some

copies still extant, which the curious in such matters may think worth collecting.

"On the back of this photograph is a copy of the epitaph on our subject, as follows:

"Sacred to the memory of Benjamin Jesty, who departed this life on the 16th April, 1816, aged seventy-nine years. He was born at Yatminster, in this country; and was an upright, honest man,—particularly noticed for having been the first person (known) who introduced cow-pox by inoculation; and who, from his great strength of mind, made an experiment from the cow on his wife and two sons in the year 1774. (From the tomb in the churchyard at Yatminster, Dorset.)"

"I am informed by his relative, Mrs. William May (*nee* Jesty) that when the fact became known that he had vaccinated his wife and sons, his friends and neighbors, who hitherto had looked up to him with respect on account of his superior intelligence and honorable character, began to regard him as an inhuman brute, who could dare to practice experiments upon his family, the sequel of which would be, as they thought, their metamorphosis into horned beasts. Consequently the worthy farmer was hooted at, reviled, and pelted whenever he attended the markets in his neighborhood. He remained, however, undaunted, and never failed from this cause to attend to his duties; and the secret of this bold conduct may be traced in his determined chin and nose and firm lips. After living to see another enriched and immortalized for carrying out the same principles for which he had been stoned thirty years before, he died of apoplexy, like Jenner, in 1816. Jesty's experiment on his family was performed in 1774; and Jenner's on the 14th of May, 1796, just *twenty-two years later.*"

VEGETARIANISM.

Those who are impatient of the bold repetition of old and refuted follies; who are angry with the apostles of an error who for ever preach as truths the rankest nonsense, the most worn-out fallacies, and the most childish gossip,—will have read with a feeble stir of indignation and contempt the reports of a recent meeting of the "Vegetarian Society." It is difficult to conceive a more condensed series of absurdities, errors, and misstatements than has been produced by the clever reduction into bare sentences of the opinions broached, for the

purpose of abridged report in the public journals. The absurdities of the proceedings are most cleverly presented. Vegetarianism has not flourished because, while men are engaged in studying the means of destroying each other without compunction, it is not likely that they will systematically consider the life of cows, sheep and, such low animals. It is true that such Brahminical reverence does not greatly influence our feeding at present; and if any religious arguments are to be drawn from the Bible, they assuredly are far from discountenancing the consumption of animal food, since lists of lawful food are there given: while the observation of the ordained manner of living of that large class of creatures which are destined to prey upon the vegetable-feeding animals affords a natural-history precedent. The boldness with which all the convincing series of facts is ignored is characteristic of this most absurd of systems. One speaker is described as saying, "Animals fed upon vegetable products; and all the nutriment combined in the flesh of these animals was derived from that source. Why, then, should men obtain nutriment at second hand, alloyed by the impurities of the animals through which it had passed?" As though all animals feed upon vegetable food? The notion of describing butcher's meat as second-hand cabbage and potatoes alloyed with animal impurities, is an exquisite specimen of physiology for the people. If this speaker will observe the grinding teeth, the triple stomachs, the chewing propensities, the complicated structure and enormous length of the digestive intestinal canal in vegetable-feeding animals, and the single stomach, cutting teeth, and simple intestinal apparatus of man, he will appreciate the anatomical reasons which have determined the flesh-eating propensities of our race. Perhaps there is not any one of our habits or natural instincts of which the cause is so clearly apparent in the elements of our structure, of which the religious approbation is more deeply founded, or of which the utility is more logically evident. Of the personal experiences related at this meeting we need not say anything; leaving the illness of the gentleman who suffered "jaundice as the consequence of chill after a plentiful meal off cheese-curds" to the special interpretation of the pathologists of his school.

But why is this school of nonsense called "Vegetarianism" at all? The name is a mockery. The diet which these enthusiasts adopt is more animal than that of half the meat-eaters; and it has been calculated by no less competent an authority than Dr. Carpenter, that in adopting the rules in a

well-known "vegetarian" diet-book the quantity of eggs, milk, and butter consumed would give half an ounce more animal matter daily in the diet than in that of ordinary families. These gentlemen have, then, a great objection to second-hand grass alloyed with animal impurity in the form of flesh, but not in the form of milk and eggs. It must be a source of wonder that, spite of the inexhaustible folly and onesidedness of mankind, a delusion so transparent as this should exist even in small proportions.

It is hardly consolatory, although in some sense satisfactory, to know that a heresy exists in the opposite direction, and that in a work published not long since in Liverpool the author announces his conviction that the human race is essentially intended to be carnivorous; and incidentally mentions in the course of his argument that he is on the lookout for a lady of similar convictions, who will unite her fortunes with his, and adopt his diet, with the view of bringing up a family of carnivarians. Horribly suggestive is the notion of the possible development of such a family, if the Darwinian hypothesis be well grounded. What might be the specific changes earnest from such an application of the principles of election to the origin of species it is hard to say; but this is a rival absurdity to "vegetarianism" which may amusingly serve to antagonize it.

EARLY MARRIAGES.

Those earnest and practical moralists who, having seen a source of national enfeeblement and degradation in the gradually widening proportions of the social evil, have essayed to check it, point justly to early marriages as one remedy. In a valuable article on the Midnight Mission, *The Times* returns to this important subject. Public opinion needs to be turned in this direction; and if some share of the attention be bestowed on it by earlier legislators and philosophers were now once more aroused, a step would be taken towards healing this cancer of our civilization. Aristotle, in the eighth book of his "Politics," elaborately discusses the question of age, and fixes the term in which statesmen should enjoin and beyond which they should forbid marriage. Eighteen he names as the fit age of the female, and twenty-seven for the male sex. In Rome, vicious and debased as it was, the *lex Popæa* prohibited from marriage men of sixty and women of

fifty. On the other hand, precocious unions were discouraged among the Lacedæmonians and other nations of antiquity. Physiologically, the age for marriage of the male may be fixed at from twenty-two to twenty-five, and from seventeen to twenty one of the female. "Children born too late are orphans too early," says the Spanish proverb; but it must be added that they do not survive in due proportions to verify that unpleasant prediction. Nor is anything more miscalculated than the sort of *equilibration* which is sometimes essayed by the union of age and exhaustion on the one side with youth and vigor on the other. The results are exactly opposite to those which we may suppose to be sought, and a puny and vitiated offspring proclaim the ignorant infraction of one of Nature's first laws. There is no compensation to be obtained in this manner. The early years of fashionable profligacy which now form the usual novitiate of the prosperous classes threaten an undoubted degeneration of our race. Of late years an open toleration has been extended to these habits, of which the bad effects are already widely apparent to medical observers. The evil spreads and becomes more pressing.

"Æstas perant pejor avis tulit
Nos nequiores mox datus
Progeniem vitiosiorem."

This toleration may at least be revoked; something may be done to make the paths of vice less flowery, and to facilitate those early and happy unions which offer so many moral and physical advantages.—*London Lancet*.

[The subjoined came to hand too late for insertion in its proper place.—ED.]

MADISON, IND., Sept. 4th, 1862.

Messrs. Editors:—Dear Sirs: Having noticed the different operations of Dr. R. R. Browne, reported in the August number of your valuable journal, I find that he is at a loss to know what to use for the removal of maggots from the wounds of our brave soldiers. I would suggest the use of Turpentine. I have used it repeatedly in my practice without ever failing. It also cleanses the parts of all dead matter, and seems to produce a healthy action and heals more readily than anything I have ever tried. I have also used Honey. It is not as certain as the Turpentine.

W. J. CONNER, M. D.

EDITORIAL AND MISCELLANEOUS.

Twentieth Session of Rush Medical College.—The Introductory exercises of this Institution took place according to the Announcement on Wednesday evening, Oct. 1st. The lower lecture room of the College building was filled to overflowing by students and friends of the School. Each chair was represented on the platform, Dr. Brainard presiding, and the Rev. D. C. Locke, Rector of Grace Church, acting as Chaplain.

Owing to the unexpected detention of Prof. R. L. Rea, then acting as fleet surgeon on the Mississippi, the Annual Introductory Address expected from him was given by Dr. Allen. As it is published, by request of the class, we forbear any comments upon it in this place. We barely suggest the editorial regret that Prof. Rea had not occupied the hour and our pages—for whatever that gentleman undertakes always savors strongly of the sound and right—even when he lashes a mulish Brigadier.

An unexpectedly large class is in attendance, and, without any disparagement to previous classes, we must be permitted to say it is one of which any College might well be proud. Many of them are preparing for the position of surgeons and assistants in the army. This, under the circumstances, is peculiarly gratifying. It is well known that the present "Examining Board" of applicants for surgeoncies in the army is made up from the faculty of what is called the "Med. Dep. of Lind University," and it is notorious that the interests of the soldiery and of the commonwealth have throughout their entire term of service been held immediately subordinate to those of the *secession school*. The idea has been assiduously inculcated that to pass the Examining Board it is incumbent on students first to make friends with the individuals of that Board by attending the skeleton college, which they are vainly attempting to prevent from the usual fate of mortality. A

few weak medical infants have succumbed to this "pressure," but, we are happy to state, but a small fraction of the number in attendance upon "Old Rush." The secession dodge has again failed.

We congratulate the alumni of the College in that, at least, *one hundred and fifty* are now in attendance upon the annual lectures.

The College Cliniques.—The semi-weekly Cliniques of the Rush Med. Coll., attended by Profs. Brainard and Allen, are largely supported by patients. In no way has the advantage of this great central city of the Northwest for clinical instruction been so remarkably exemplified as in this immediately practical part of the instruction in the College. It suffices to say that the number in attendance has been so great as often to render it impossible to bring all the cases before the class in the hours devoted to that purpose. Patients, both surgical and medical are attended every day at the College, and public clinics take place semi-weekly. The City Hospital, under the immediate supervision of Profs. Freer and Ingals, also affords a good field for practical observation and study. We can confidently assure the profession that this great desideratum in medical teaching is rapidly taking a place in Chicago which will be surpassed by scarcely any other city in the country.

Return of Dr. Holmes.—We are pleased to meet again upon the street the face of our genial friend and correspondent, Dr. E. S. Holmes. (For a glimpse of the particulars, see p. 467 of this volume.) Another of the Dr.'s letters appears in the present number, and others will be given from time to time.

Prescriptions.—Great care is requisite in writing prescriptions that they may be appropriately adapted to the age, etc., of the patient. The following left to the family "to be sug-

gested" to the attending physician for a patient, *fifteen months old* only, seems eminently Malthusian: B. Hyd. Cum Creta 3j, Pulv. Opii gr. j, Pulv. Camph. gr. iv., Pulv. Doveri gr. x. M. In chart, No. iv. S. Give one every three hours. The attending physician failed to see the propriety of giving the infant a half grain of opium and a gr. of camphor, at all events quite so often.—In a case of Puerperal Convulsions, recently, a medical man of large power of secession discourse, prescribed: B. Calomel gr. x, Morph. Sulph. gr. ij. M. In chart. vj. divid. S. One every hour. So great was his confidence in the combination that he refused any further attendance or treatment—insisting that if that did not cure nothing would. From the result—it seems "nothing would." —In another case the same gentleman having diagnosed tumor of the posterior wall of the uterus—a state of things he remarked, which he had "never before seen in so young a woman"—prescribed *Liquor Potassa*, confidently assuring the patient that he "could cure her in three or four years." A few weeks after, he was sent for in great haste, and found that a miscarriage had just taken place—thus establishing a new influence of *Liquor Potassæ*, well worth bearing in mind. The objurgations of the patient and family, it is reported, were particularly enlivening to the bystanders. The tumor has wholly disappeared. The family physician had previously diagnosed pregnancy.—We saw recently a prescription consisting essentially of Morph., Hyoscy, and Syr. Scillæ Comp., amounting to a pint, to be given in teaspoonful doses, which both the "Dr." and the druggist (probably in silent partnership) asserted could not be put up in less amount. The large cost of the mixture announced by the druggist staggered the patient, who incontinently retreated, and afterwards our friends Buck & Rayner put up one-fourth of the amount at a fair sum. The profession and all honorable druggists owe it to themselves to discountenance such imposition. The one given is but a sample from scores which have been given to us. We shall recur to the subject again.

Woman before the Examining Board.—A woman lately applied for examination to enter the Med. Dep. of the army to the Examining Board. Strangely enough they decline the honor. Our friend, Dr. R—g—s, says that he was fairly non-plussed the other night, in passing the catheter to relieve the bladder of a six foot masculine, whilst a buxom lass of twenty summers held the candle—but we suppose necessity knows no law.

Vesico-Vaginal Fistula.—Prof. DeLaskie Miller has within the last few weeks operated on three cases of this distressing lesion, in each case with a successful result. He has promised us a full report in an early number of the JOURNAL.

Wheeler & Wilson—the advertisement of whose incomparable Sewing Machine appears on the cover of the JOURNAL—have removed their establishment to new and magnificent quarters, at 106 Lake street. It is well worth the while of all visitors of the city to look in at their superb store. We question whether in beauty, adaptation, or a certain *je ne sais quoi* of refined elegance, its superior can be found on the continent. It is a capital exponent of the *recherche* taste and culture of the gentlemanly superintendent, Geo. R. Chittenden, Esq., who originated both the general design and the minor appointments of the edifice.

The W. & W. Machine took the highest premium at the recent World's Fair in London—an honor richly deserved.

Death of Dr. E. S. Cooper, of San Francisco.—The telegraph brings the melancholy intelligence of the death of this gentleman, well known to our readers as a former resident of this State, and as a voluminous contributor to surgical literature. No particulars of his illness have as yet been received.

CHLORIDE OF LIME is well known as one of the very best remedies for wounds and sores, where there is a want of healthy action or a tendency to gangrene; also for deep burns, etc. It is generally used by mixing with cream or the fixed oils in the proportion of about one to ten of oil; but its volatile nature has prevented its use in any preparation ready to be applied. This difficulty is now obviated in the following preparation:

Take any of the resins of proper consistence, or Rosin and a volatile oil; Spts. Turpentine or Petroleum in such proportion as to make a wax that may be worked with the fingers; mix thoroughly with from five to ten per cent of Chloride of Lime, previously moistened by one-third of its weight of water. The whole enters into chemical combination, forming a nice adhesive paste, soothing, stimulating and affording perfect protection to the parts. It is prepared for the trade under the name of "Magic Healer." A preparation in market called "Rapid Healing Balsam" is made from the same formula.

L. J. GILDERSLEEVE.